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#### Nurse Details

<b>License Number</b>	P163309
<b>Name</b>	PATRICIA JOHNSTON
<b>Type</b>	LPN
<b>Expanded Role</b>	
<b>Discipline</b>	None
<b>Compact</b>	Multi State
<b>Status</b>	Active
<b>Expiration Date</b>	12/31/2015
<b>Original Issue Date</b>	05/21/1980

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 713 Pear Orchard Road, Suite 300, Ridgeland, MS 39157  
 Phone: (601) 957-6300 | Fax: (601) 957-6301



# STATE OF MISSISSIPPI

Board on Jail Officer Standards and Training

Hereby awards this

*Professional Certificate*

TO

*PATRICIA CAROL JOHNSTON*

This 1<sup>st</sup> day of February, 2010

As being qualified to be a Mississippi Adult Detention Officer under  
Provisions of Chapter 482, General Laws of Mississippi, 1999.

Director  
Board on Jail Officer  
Standards and Training

Chairman  
Board on Jail Officer  
Standards and Training

D-03428

Certificate No. \_\_\_\_\_

# JONES COUNTY SHERIFF'S DEPARTMENT

## APPLICATION FOR EMPLOYMENT

The Jones County Sheriff Department is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, religion, age and disability in employment. This application is valid for 180 days (6 months) from the date of submission. Applicants considered for employment will be required to present verification of employment eligibility as required by the Immigration Reform and Control Act. All applicants offered a position with the Jones County Sheriff Department will be required to successfully pass a physical fitness test and drug/alcohol test before the offer of employment is confirmed.

**GENERAL INFORMATION:**Date of Application: 10-4-08Position applying for: LPN Date that you can begin work: \_\_\_\_\_Have you ever worked for the County before? ( ) yes ( ☒ ) no If yes, when? \_\_\_\_\_Have you ever applied with the County before? ( ) yes ( ☒ ) no If yes, when? \_\_\_\_\_Do you have relatives working for the County? ( ) yes ( ☒ ) no If yes, when? \_\_\_\_\_Hours will work: ( ☒ ) Full Time ( ) Part Time Shift Will Work: ( ☒ ) Day Shift ( ) Night Shift Rotating Day/Night Shift ( )**PERSONAL INFORMATION: (Please Print)**Johnston  
Last NamePatricia  
First NameCarol  
Middle Initial[REDACTED]  
Social Security Number[REDACTED]  
Street Address[REDACTED]  
City[REDACTED]  
State[REDACTED]  
Zip[REDACTED]  
Phone NumberDo have a valid regular driver's license? ( ☒ ) yes ( ) noDo you have a valid commercial driver's license? ( ) yes ( ☒ ) no800840885 MS 2-22-11  
License Number Issuing State Exp. DateNA  
License Number Issuing State Exp. DateDo you live within the county of Jones? ( ☒ ) yes ( ) noAre you a registered voter in Jones County? ( ☒ ) yes ( ) noHave you ever been convicted of a felony? ( ) yes ( ☒ ) no Have you ever been convicted of a misdemeanor? ( ) yes ( ) no

If you answered yes to the either of the previous questions, please complete the following:

Date of Conviction	Felony of Misdemeanor	City, State of Conviction	Describe Nature of Offense
—	—	—	—
—	—	—	—

**PLEASE NOTE:** Conviction of a crime does not necessarily bar you from employment. The nature and gravity of the offense (s); the time passed since conviction/completion of sentence; and the nature of the position sought will be taken into consideration.

## EMPLOYMENT HISTORY

Please list all previous employments. List most recent employer FIRST. Additional paper is available if needed.

Date Started 7/04  
 Date Ended 7/08  
 Begin Pay ?  
 End Pay 14.50  
 Supervisor's Name Laura Singley  
601-649-5421  
 Supervisor's Work Phone No.

Employer Name SCRMC  
 Address: Laurel, MS  
 Job Title: CPN Description of Duties: Criminal Justice  
Skills, Checking Pt in, Assisting  
Physician  
 Reason for leaving Card off

Date Started 3/02  
 Date Ended 7/04  
 Begin Pay ?  
 End Pay ?  
 Supervisor's Name  
 Supervisor's Work Phone No.

Employer Name Laurel Dialysis  
 Address: Laurel MS  
 Job Title: CPN Description of Duties: Assisted pt  
begin during & after treatment  
 Reason for leaving Better hours

Date Started 2/99  
 Date Ended 3/02  
 Begin Pay ?  
 End Pay ?  
 Supervisor's Name  
 Supervisor's Work Phone No.

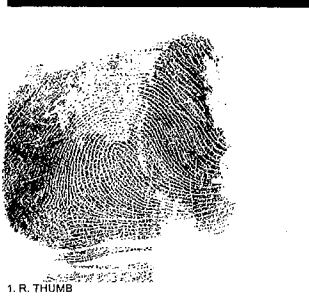
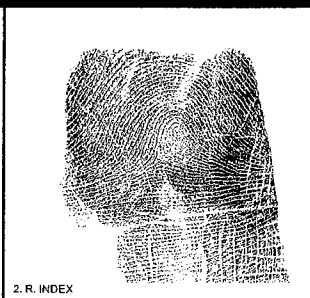
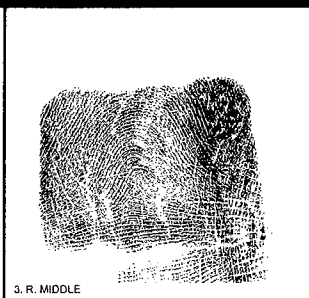
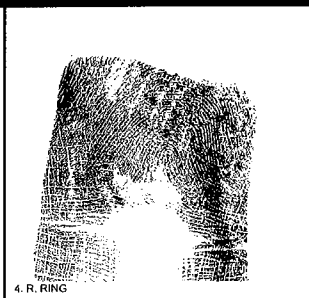
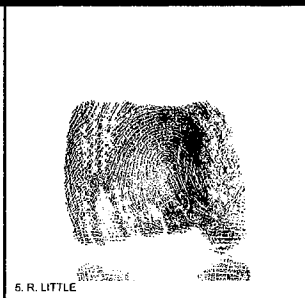
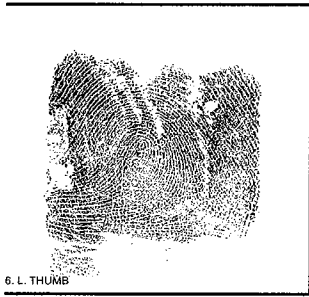
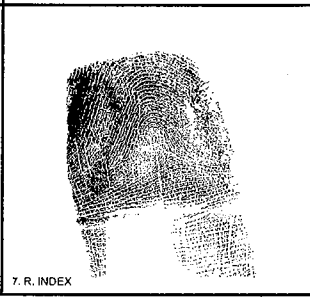
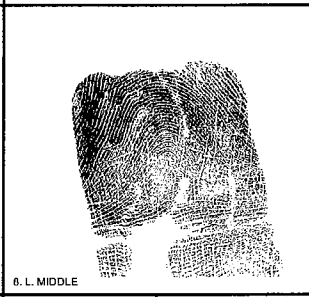
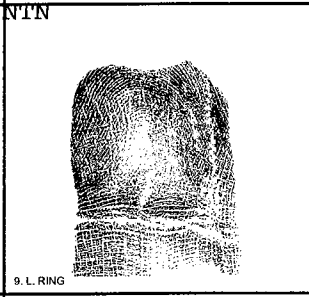
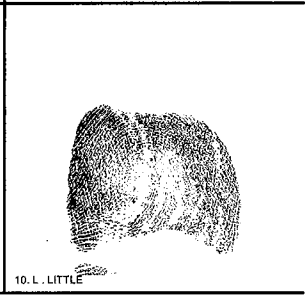



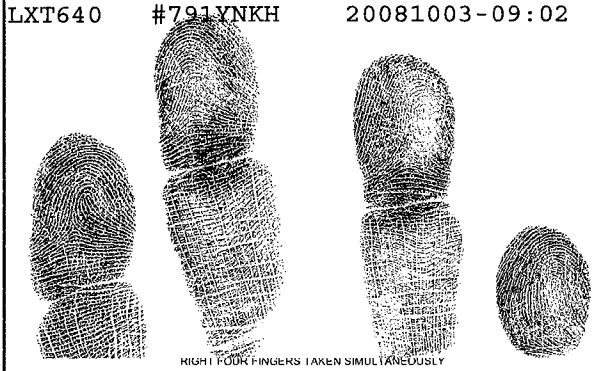
Employer Name Care Center of Laurel  
 Address: Laurel, MS  
 Job Title: CPN Description of Duties: Restorative  
Wound Care Staff Development  
Gen. office skills  
 Reason for leaving Better hours

Date Started 2/96  
 Date Ended 1/99  
 Begin Pay  
 End Pay  
 Supervisor's Name  
 Supervisor's Work Phone No.

Employer Name Jefferson Medical  
 Address: Laurel, MS  
 Job Title: CPN Description of Duties: Triage  
Assist Physicians  
 Reason for leaving

APPLICANT NAME: Patricia Carol Johnson SSN: [REDACTED]

APPLICANT		LAST NAME <u>NAM</u> FIRST NAME <u>E NAME</u> JOHNSTON, PATRICIA HERRING- <u>ON</u>		LEAVE BLANK	
SIGNATURE OR PERSON FINGERPRINTED		ALIASES <u>AKA</u>	O R I	MS0340000	
RESIDENCE OR PERSON FINGERPRINTED				DATE OF BIRTH <u>DOB</u> Month DAY Year	
DATE 100308	SIGNATURE OF OFFICIAL TAKING PRINTS HILLMAN - CHILLMAN	CITIZENSHIP <u>CTZ</u> US	SEX F	RACE W	HGT 504
EMPLOYER AND ADDRESS		YOUR NO. <u>OCA</u>	WGT 150	EYES Gre	HAIR Bro
REASON FINGERPRINTED Law Enforcement		FBI NO. <u>FBI</u>	PLACE OF BIRTH <u>POB</u> MS		
		ARMED FORCES NO. <u>MNU</u>	LEAVE BLANK		
		SOCIAL SECURITY NO. <u>SOC</u>	CLASS _____		
		MISCELLANEOUS NO. <u>MNU</u>	REF. _____		

 1. R. THUMB	 2. R. INDEX	 3. R. MIDDLE	 4. R. RING	 5. R. LITTLE
 6. L. THUMB	 7. R. INDEX	 8. L. MIDDLE	 9. L. RING	 10. L. LITTLE
ID 50X50G8 TP5700 #000803 08:58:18		LXT640 #791YNKH		20081003-09:02
 LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		 L. THUMB	 R. THUMB	 RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY



APPLICANT		TYPE OR PRINT ALL INFORMATION IN BLACK		FBI		LEAVE BLANK				
		LAST NAME <u>NAM</u> FIRST NAME <u>E NAME</u>								
SIGNATURE OR PERSON FINGERPRINTED		ALIASES <u>AKA</u>		OR <u>MS0340000</u>						
RESIDENCE OR PERSON FINGERPRINTED						DATE OF BIRTH <u>DOB</u> Month DAY Year				
		CITIZENSHIP <u>CITZ</u>		SEX <u>F</u>	RACE <u>W</u>	HGT <u>504</u>	WGT <u>150</u>	EYES <u>Gre</u>	HAIR <u>Bro</u>	PLACE OF BIRTH <u>POB</u>
DATE <u>100308</u> SIGNATURE OF OFFICIAL TAKING PRINTS <u>HILLMAN - CHILLMAN</u>		YOUR NO. <u>OCA</u>								
EMPLOYER AND ADDRESS		FBI NO. <u>FBI</u>		LEAVE BLANK						
		ARMED FORCES NO. <u>MNU</u>		CLASS _____						
REASON FINGERPRINTED <u>Law Enforcement</u>		SOCIAL SECURITY NO. <u>SOC</u>		REF. _____						
		MISCELLANEOUS NO. <u>MNU</u>								



1. R. THUMB



2. R. INDEX



3. R. MIDDLE



4. R. RING



5. R. LITTLE



6. L. THUMB



7. R. INDEX



8. L. MIDDLE

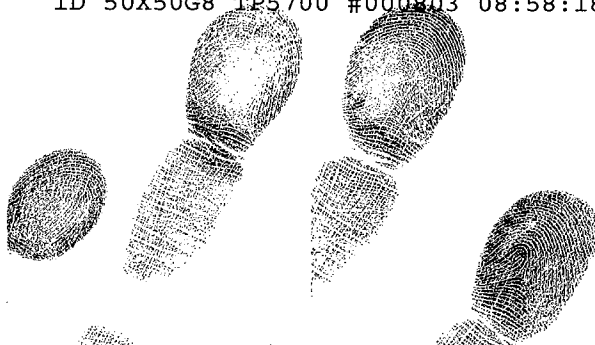


9. L. RING



10. L. LITTLE

ID 50X50G8 TP5700 #000803 08:58:18



LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY



L. THUMB



R. THUMB



RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

LXT640 #791YNKH 20081003-08:59

Name Patricia Carol Johnston

What is your definition of ethics?

~~High Standards~~ To have morals,  
high standards & clean living

If you observed a fellow officer abusing an inmate. What would you do?

Report it to my Supervisor

Do you have reliable transportation?

Yes

Where do you see yourself in 2 years?

Working

Do you have family working for this agency?

No

Do you have family that is incarcerated?

No

Have you ever sustained and/or been treated for any type of physical injury? No If yes please give dates of injury and dates of treatment and name of medical facility where treated, if treated.

Do not write below this line

Notes

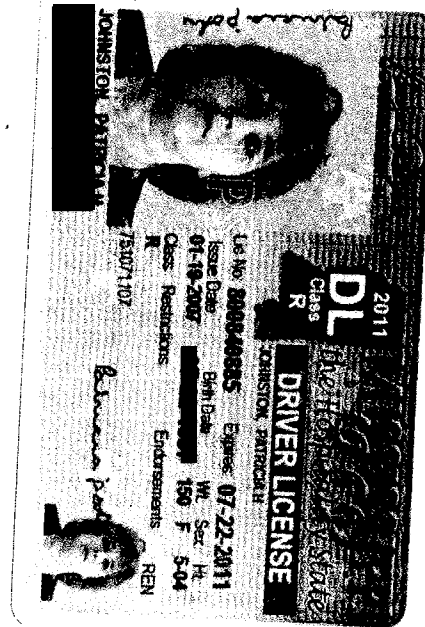
Signature \_\_\_\_\_

Date \_\_\_\_\_

Correction Officer application check list

**P.T Test** \_\_\_\_\_







**MISSISSIPPI BOARD OF NURSING**  
**LICENSED PRACTICAL NURSE**  
This individual is licensed through DECEMBER 31, 2009.

MULTI-STATE LICENSE  
PATRICIA JOHNSTON  
LIC.# P163309



*Jones County Sheriff's Department*

**New Hire Process**

**Application**

Date: 10-10-08

Signature: [Signature]

**Background Check**

Date: 10-10-08

Signature: [Signature]

**Interview / Interview w/ Chief Deputy**

Date: 10-10-08

Signature: [Signature]

Date: 10-15-08

Signature: [Signature]

**P.T. Test**

Date: 10-13-08

Signature: [Signature]

**Physical**

Date: 10-10-08

Signature: [Signature]

**Polygraph**

Date: 10-13-08

Signature: [Signature]

OK

**Hire Date**

Date: 10-20-2008

Signature: [Signature]

**Swearing-In**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**New Hire / Minimum Standards Paperwork**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

23.42

**Interviewed with Captain and or Lieutenant**

Fingerprints , back ground check , photograph

copy of drivers license, copy of GED or high school diploma

Date completed 10/10/08

**Polygraph test**

Date completed 10/14/08 @ 10:00

PT. 10/13/08 — ren — l. pickup

**Physical**

Date completed \_\_\_\_\_

**Interview with Chief Sealy**

Date completed \_\_\_\_\_

**Payroll paperwork**

Date completed \_\_\_\_\_

**Sworn In**

Date completed \_\_\_\_\_

**Fitted for uniform**

Date completed \_\_\_\_\_

**Dated Hired** \_\_\_\_\_

Position applying for Nurse

Signature Patricia Carol Johnston

Date 10-4-08



## PART I - DETENTION OFFICER APPLICATION FOR CERTIFICATION

READ THE INSTRUCTIONS ON PAGE 2

In accordance with the Jail Officers Training Program (JOTP) MCA § 45-4-1 et al. Warning: MCA § 97-7-10, "Fraudulent Statements and Representations", provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to \$10,000.00 and a jail sentence of up to five (5) years. Further, the JOTP authorizes the Board on Jail Officer Standards and Training (BJOST) in § 45-4-9 (5)(b) to cancel and recall any certificate obtained through misrepresentation or fraud.

1. Name: JOHNSTON, PATRICA CAROL 2. SSN: [REDACTED]  
Give Full Name - First Middle Last
3. Date of Hire: 10/20/08 4. Date of Birth: [REDACTED] 5. Title/Rank: ADULT DET. OFFICER
6. Department: JONES CO. SHERIFF DEPT 7. Telephone: [REDACTED]  
Dept.'s
8. Address: 419 YATES AVE. LAUREL, MS 39440  
Post Office Box or Street City & Zip Code
9. Has the applicant ever been certified under the JOTP? No ☒ Yes ( ) 10. Certificate No. \_\_\_\_\_
11. Education, Years Completed 14 Number of High School Diploma    or GED   , Degree(s) LPN, EMT
12. **EMPLOYMENT RECORD** List all employment. Begin with your most previous employment and work back. Use additional 8.5 x 11 sheets of paper if necessary.

Agency/Department	Position	City/State	From:	Month	Day	Year
SCRMC OB GYN	LPN	Laurel MS	To:	July		2008
Laurel <del>Referral</del> Dialysis Clinic	LPN	Laurel MS	To:	July		2001
Care Center of Laurel	LPN	Laurel MS	To:	July		2004
			To:			1998
			To:			2001
			To:			

13. **TRAINING RECORD** List all completed correctional officer training for which you can provide documentation. Include copies of certificates of completion. Use additional 8.5 x 11 sheets of paper if necessary.

Name of Course	Location	Course Length	From:	Month	Day	Year
			To:			
			To:			
			To:			
			To:			



Jones County Sheriff's Office  
Alex Hodge, Sheriff  
Training Record

JC000887

JAIL

NAME: CHRISTOPHER HILLMAN

BADGE: JONES 84 SS#: 

COURSE ATTENDED: Qualification SHOTGUN

DATE COMPLETED: 3-4-08 NUMBER OF HOURS:       

WEAPON Mossberg 12ga. SERIAL # — SCORE: F

WEAPON                      SERIAL #                      SCORE:                     

WEAPON                      SERIAL #                      SCORE:                     

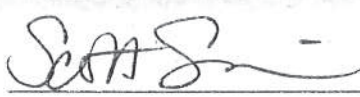
WEAPON                      SERIAL #                      SCORE:                     

I, CHRIS HILLMAN, do understand that to be in compliance with Board of  
(Print Name)

Law Enforcement Standards and Training, a score of 75% or higher is required. For  
departmental purposes, a score of 90% or higher is required for tactical team members.

  
Officer's Signature

3/4/08  
Date

  
Firearm's Instructor Signature

3-4-08  
Date



# STATE OF MISSISSIPPI

Board on Jail Officer Standards and Training

Hereby awards this

*Professional Certificate*

TO

**CHRISTOPHER LEE HILLMAN**



This 1<sup>st</sup> day of June, 2009

As being qualified to be a Mississippi Juvenile Detention Officer  
under Provisions of Chapter 482, General Laws of Mississippi, 1999.

*Robert D. Davis*

Director  
Board on Jail Officer  
Standards and Training

*William D. Sells*

Chairman  
Board on Jail Officer  
Standards and Training

Certificate No. J-00195

Form DPS006



# DEPARTMENT OF THE ARMY CERTIFICATE OF TRAINING

This is to certify that

*Mr. Christopher Hillman*



has successfully completed  
*Combat Service Support Control System*  
*Operator/Maintainer Course*  
*16 June 2003 - 24 June 2003*  
*42 Hours*

Given at *Fort Hood, Texas 24 June 2003*

*Susan B. Neumann*  
SUSAN B. NEUMANN, LTC, OD JC000894  
PM CSSCS



*Jones County Sheriff Department Regional Correction  
Officers Training Academy*

This is to certify that

*Chris Hillman*

has successfully completed

**O. C. Spray Certification  
(4 hours)**

This the 28th day of October, 2008

  
\_\_\_\_\_  
Academy Director

  
\_\_\_\_\_  
Instructor

# TRAINING RECORD

TYPE TRAINING: CPR

DATE: 30-JULY-08

INSTRUCTOR: MARIE BULLOCK

HRS. OF INSTRUCTION: 04

SYNOPSIS: Officers received instruction and certification for Emergency Cardio Pulmonary Resucisitation

INSTRUCTOR EVALUATION: Passed

OFFICER ATTENDING: Chris Hillman



Jones County Sheriff's Office  
Alex Hodge, Sheriff  
Training Record

JC000897

JAIL

NAME: CHRISTOPHER HILLMAN

BADGE: Jones 84 SS#: [REDACTED]

COURSE ATTENDED: Qualification Shotgun

DATE COMPLETED: 3-4-08 NUMBER OF HOURS:       

WEAPON Mossberg 12ga SERIAL # - SCORE: F

WEAPON                      SERIAL #                      SCORE:                     

WEAPON                      SERIAL #                      SCORE:                     

WEAPON                      SERIAL #                      SCORE:                     

I, CHRIS HILLMAN, do understand that to be in compliance with Board of  
(Print Name)

Law Enforcement Standards and Training, a score of 75% or higher is required. For  
departmental purposes, a score of 90% or higher is required for tactical team members.

[Signature]  
Officer's Signature

3/4/08  
Date

[Signature]  
Firearm's Instructor Signature

3-4-08  
Date



# STATE OF MISSISSIPPI

Board on Law Enforcement Officer Standards and Training

Hereby awards this

*Professional Certificate*

TO

DWIGHT NATHAN FAYARD II



THIS 9TH DAY OF JANUARY, 2009

As being qualified to be a Part-Time Mississippi Law Enforcement Officer under  
Provisions of Chapter 474, General Laws of Mississippi, 1981.



Handwritten signature of Robert H. Davis in black ink.

Director  
Board on Law Enforcement  
Standards and Training

Handwritten signature of Allen L. McKay in black ink.

Chairman  
Board on Law Enforcement  
Standards and Training

Certificate No. 20317

# James Madison High School

---

## PROFESSIONAL CAREER DEVELOPMENT INSTITUTE

---

This certifies that

**Dwight R. Fayard III**

is awarded this

**Diploma with Honors**

In testimony whereof, this Diploma has been conferred in Atlanta, Georgia,  
whereupon the undersigned have affixed their names on this day

*August 7, 2004*

*Richard A. Kruyer*  
President,  
Professional Career  
Development Institute



*J. Milton Miller*  
Principal,  
James Madison  
High School



**SANDERSVILLE REGIONAL LAW ENFORCEMENT  
OFFICERS TRAINING ACADEMY**

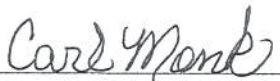
**This is to certify that**

**NATHAN FAYARD**

**has successfully completed**

**ASP BATON**

**This the 1st day of July 2008**

  
Academy Director

  
Training Officer



**SANDERSVILLE REGIONAL LAW ENFORCEMENT  
OFFICERS TRAINING ACADEMY**

This is to certify that

**NATHAN FAYARD**

has successfully completed

**OC SPRAY  
BASIC COURSE**

This the 1st day of July 2008

*Carol Monk*  
Academy Director

*Tom Eason*  
Training Officer



**SANDERSVILLE REGIONAL LAW ENFORCEMENT  
OFFICERS TRAINING ACADEMY**

This is to certify that


**NATHAN FAYARD**

has successfully completed

**SUBJECT CONTROL DEFENSIVE  
TACTICS (40 hours)**

This the 1st day of July 2008

  
Academy Director

  
Training Officer